Trauma Exposure and Alcohol Use in Battered Women

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The purpose of the present study was to examine the relationship between battering severity and alcohol use among battered women. The study used multiple regression analyses to examine predictive relationships between three forms of trauma exposure—childhood physical and sexual abuse and domestic violence—and alcohol use. This study is among the first to investigate these relationships, using a sample of 78 battered women drawn from both shelter and nonresidential community agencies. Both battering severity and childhood sexual abuse were positively correlated with alcohol use. Multiple regression analysis showed that childhood sexual abuse was the stronger predictor when collinearity was controlled.

Both substance abuse and domestic violence among women have long been underestimated and understudied. Although clinicians have suspected that women's exposure to intimate violence, both in adulthood as well as in childhood, poses risk for substance abuse (Davis, 1993; Prevention Information Center, 1993), research is just beginning to examine this relationship. Recent studies on the relationships between interpersonal violence and substance abuse among women show that childhood physical and sexual abuse, along with current domestic violence exposure, are related to substance abuse in victims (Amaro, Fried, Cabral, & Zuckerman, 1990; Bergman, Larsson, Brismar, & Klang, 1987; Brady, Killeen, Saladin, Dansky, & Becker, 1994; Campbell, Poland, Waller, & Ager, 1992; Kilpatrick et al., 1994; Miller, Downs, & Gondoli,

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1989; National Victim Center and Crime Victim Research and Treatment Center [NVC & CVRTC], 1992; Prevention Information Center, 1993). Women's exposure to parental substance abuse in their families of origin, especially in a context of parental domestic violence, may also contribute significantly to their exposure to domestic violence as adults and their consequent substance abuse. However, this relationship has not yet been empirically tested.

To date, many studies have shown that substance abuse increases risk for committing acts of violence, including domestic violence (e.g., Barnett & Fagan, 1993; Gondolf & Foster, 1991; Roberts, 1987). However, comparatively few studies have investigated substance use by victims of domestic violence. Prevalence rates reported for battered women's alcohol and drug use have varied, ranging from 6% to 51% among shelter samples and domestic violence programs (e.g., Bergman et al., 1987; Rounsaville & Weissman, 1978; Walker, 1994). Bergman et al. (1987) investigated the differences in substance abuse patterns between women attending a surgical center for domestic violence injury and a control group of women with other nonassault injuries. They found that 51% of the battered women, compared with 28% of the control group, were classified as high consumers of alcohol. Barnett and Fagan (1993) also found that women in abusive relationships were significantly more likely than women in nonabusive relationships to abuse alcohol. Similar to this, among studies of pregnant women (Amaro et al., 1990; Campbell et al., 1992), victims of domestic violence were more likely to report abuse of alcohol and drugs than nonvictims.

Other studies investigating domestic violence experiences among clinical samples of substance-abusing women reported prevalence rates ranging from 41% to 80% (Bennett & Lawson, 1994; Dansky, Saladin, Brady, & Kilpatrick, 1995; Miller & Downs, 1993). Two studies comparing alcoholic women with random household samples of women found that women with alcohol problems were significantly more likely to have experienced spousal violence than women without alcohol problems (Miller & Downs, 1993; Miller et al., 1989). Similarly, Brady et al. (1994), in a study of substance-abusing women, found that the severity of physical and sexual victimization was positively correlated with the severity of substance abuse.

Both childhood physical and sexual abuse have been shown to be associated with the severity of alcohol and drug misuse (Harrison, Hoffman, & Edwall, 1989; Singer, Petchers, & Hussey, 1989). In their review of the literature on long-term effects of childhood physical abuse, Malinosky-Rummell and Hansen (1993) found that in four of the five controlled studies, substance abusers were more likely than the general population to have histories of childhood physical abuse. Similarly, survivors of childhood sexual abuse have reported higher rates of substance abuse than nonabused control groups (Miller, Downs, & Testa, 1993; Rew, 1989; Swett & Halpert, 1994).

Furthermore, Kilpatrick et al. (1994), in a randomly selected national sample of 2,009 women, found that those with histories of either parental substance abuse or physical or sexual victimization were 2.5 to 3.5 times more likely than women without such histories to abuse substances. Theirs was the first large-scale study to investigate these variables in combination with parental substance abuse. However, because physical assault was narrowly defined as including intent to kill, the relationship between a broader range of domestic violence and subsequent substance abuse may have been underrepresented (Kilpatrick et al., 1994). The present study was designed to overcome this limitation by using a standardized, continuous measure of domestic violence in which a wide range of physically abusive experiences was represented.

Accordingly, this study used multiple regression analyses to examine relationships between several measures of trauma—childhood physical and sexual abuse and battering severity in adulthood—and subsequent alcohol use in battered women. In addition, the role of parental substance abuse was investigated. We expected that severity of battering, exposure to childhood physical and/or sexual abuse, and history of parental alcohol abuse would each be related to severity of alcohol use. In addition, we anticipated that reported domestic violence among our battered women's parents (father hitting mother) would be related to their mothers' problems with alcohol.

METHOD

PARTICIPANTS

Cluster sampling was used with the rationale of locating sheltered battered women to be evaluated in small groups while also representing the diverse demographic characteristics consistent with the greater Los Angeles population. A total of 78 battered women voluntarily participated in this study. The participants were designated as battered women by their affiliations with service agencies or residencies at local shelters for female victims of domestic violence.

The women were recruited with flyers posted at many Los Angeles area shelters and community services centers: 60 (77%) were from shelters, and 18 (23%) were from community agencies. Although women from the community agencies were significantly more likely to be White and to have lower Conflict Tactics Scales scores than women from shelters, on all other variables there were no significant differences. Thus, all participants were treated as a single group for the purposes of statistical analyses. All participants were at least 18 years old. The mean age for the sample was 32 years, and 57% of the women had obtained at least 12 years of education. Those women who could not read were not referred for the study. English proficiency of all the women was sufficient to understand the questionnaires. Other relevant demographic data are reported in Table 1.

PROCEDURE

Prior to participation, the general parameters of the study were explained to participants and each signed an informed consent and confidentiality form. These signed forms were kept separate from participant data. Individually or in small groups, each participant completed a packet of paper-and-pencil measures to assess violence exposure, childhood abuse, and demographics including alcohol history as well as familial factors such as alcohol use and parental battering. The women were debriefed at the end of the procedure and clinical resources were reviewed in the event that participation in the study caused them lasting distress. No reports

TABLE 1
Demographic Information

Variables	N	%	M	SD	*Range*
Age	77		32.8	7.7	18-55
Ethnicity					
Asian	1	1.3			
White	36	46.2			
Black	18	23.1			
Hispanic	15	19.2			
Native American	3	3.8			
Other	5	6.4			
Education					
< 12 years	18	23.1			
12-14 years	44	56.5			
16 years	9	11.5			
16+ years	7	9			
Employment					
Employed	13	17			
Unemployed	53	68			
Disabled	6	8			
Student	4	5			
Marital status					
Never married	20	26			
Married	20	26			
Separated	18	23			
Divorced	20	26			
Number of children	78		2.1	1.5	0-6
Number of children with mother	67		1.6	1.4	0-5
Length of relationship (months)			82.7	74.9	4.5-360
Time since left relationship (months)			9.4	22.9	0-120
Prior battering relationships					
Yes	31	40			
No	20	26			
Future plans for relationship					
Return	6	7.7			
No return	69	88.9			
Time since last abuse (months)			2.9	4.9	0-32

of participation or participant data were disclosed to shelter staff. Each woman received $20 for her participation in the study.

MEASURES

To measure the variables of interest, the following instruments were used: (a) a demographic questionnaire, (b) the Sexual Abuse

Exposure Questionnaire (SAEQ) (Rowan, Foy, Rodriguez, & Ryan, 1994), (c) the Assessing Environments III (AEIII) (Berger, Knutson, Mehm, & Perkins, 1988), and (d) the Conflict Tactics Scales (CTS) (Straus, 1979).

Alcohol Use, Familial Factors, and Demographics

A 51-item demographic questionnaire, developed by Astin, Lawrence, and Foy (1993) for use in their research with domestic violence, was used to assess severity of women's alcohol use during the battering relationship, the reported presence of parental alcohol problems and/or battering (whether father ever hit mother), and other demographics including participants' socioeconomic status, ethnicity, current age, and length of current and/or past violent relationships. Victims' alcohol use during the abusive relationship, rather than current use, was measured using a 9-point Likert-type scale ranging from 0 = *never* to 9 = *daily intoxication*.

Psychometric data concerning the demographic questionnaire are limited. Significant correlations were found between related items on the instrument. Specifically, women's ratings of their batterers' alcohol and drug use during their relationship were significantly related to their ratings of how frequently their batterers were intoxicated ($r = .86, p < .0001, df = 73$) or high on drugs ($r = .83$, $p < .0001, df = 68$) when they were abusive to the women. Positive relationships were also found both between women's alcohol and drug use during their relationship with their batterer ($r = .49, p < .0001, df = 77$) and between women's current alcohol and drug use ($r = .87, p < .0001, df = 74$).

Childhood Sexual Abuse

The SAEQ was used to assess the presence and nature of childhood sexual abuse experiences, defined as any type of sexual experience prior to the age of 16 years with someone 5 or more years older. The SAEQ identifies 10 categories of increasingly invasive sexual events, ranging from "exposure to genital area" to "intercourse." Positive responses are totaled to yield an "overall exposure" score ranging from 0 to 10. Psychometric analyses of the SAEQ have demonstrated acceptable split-half reliability ($r = .73$) and construct validity (Ryan, Rodriguez, Rowan, & Foy, 1992).

Childhood Physical Abuse

The AEIII is a 164-item pen-and-paper self-report instrument designed to assess childhood disciplinary activities that could be considered abusive. The measure assesses a wide range of childhood experiences, personal attitudes, and perceptions on 15 different scales (Berger et al., 1988). A shortened, 10-item Physical Punishment (PP) scale of the AEIII was used in this study. The PP scale consists of 10 true/false items concerning severely abusive acts (e.g., "When I was bad, my parent(s) used to lock me in the closet"; "My parent(s) used to kick me when they got angry with me") and has been used successfully to identify recipients of severe physical abuse (Zaidi & Foy, 1994). Endorsements of items on this scale were tallied to yield participants' total exposure scores (range is 0 to 10). Modest internal consistency coefficients have been attained, ranging from .65 to .79 (Berger et al., 1988; Zaidi & Foy, 1994). That should be expected given the rather different though conceptually related discrete events measured by the scale.

Domestic Violence Exposure

A 33-item expanded version of the CTS, developed by Straus (1979) to measure the overt means by which family members respond to conflicts, was used to measure severity of battering. Items on the original CTS reflect three major types of tactics: (a) reasoning, (b) verbal abuse, and (c) physical abuse. Revisions to the CTS have created three versions: Form A (Straus, 1974), Form N (Straus, 1979), and Form R (Schumm & Bagarozzi, 1989). Astin, Ogland-Hand, Coleman, and Foy (1995) developed a life-threatening violence subscale and found their expanded version to be highly correlated with the original version of the CTS physical abuse scale, ($r = .96, p < .001$; overall, $r = .93, p < .001$). Schumm and Bagarozzi (1989) note internal consistency estimates ranging from .42 to .96 for the physical abuse subscale, with only 5 of 17 studies reporting alphas less than .80. Published validity data have also been strong for the CTS (Fisher & Corcoran, 1995).

epidemiological tradition of measuring the presence or absence of childhood sexual abuse, this finding is not incongruous with other studies. In community and clinical samples that measured sexual abuse dichotomously, prevalences were estimated at 26% and 44%, respectively, with clinical samples reporting consistently higher rates (Foy, 1992). However, we defined childhood sexual abuse as a continuous variable in this study. Accordingly, our sample's distribution on the measure of childhood sexual abuse was positively skewed, reflecting high base rates of childhood sexual abuse.

A clear clinical implication is that clinicians need to be alert to increased risks posed by multiple forms of trauma exposure and parental alcohol abuse for alcohol abuse in their female clients. Battered women entering therapy would benefit from initial screenings for alcohol abuse as well as past childhood abuse, including parental domestic violence and alcohol use. Similarly, those working with addicted women need to be aware of the potential for histories of childhood abuse as well as parental battering and parental substance abuse. It is likely that these factors will not only play important roles in diagnosis, conceptualization, and treatment planning but also be essential for relapse prevention.

Unfortunately, there is a tendency for women who abuse alcohol to be stigmatized both by shelter staff and society as a whole. Broader perspectives on women's alcohol use are needed that should include mitigating circumstances, such as exposure to multiple trauma, parental violence, and parental alcohol abuse. Ultimately, recognizing such contexts permits the construction of social policy that focuses on prevention through education, social outreach, and an overall diminished societal acceptance and promotion of violence.

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